

Name  
in  
Full

Mary S Allen

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Bittersox		Town Kent		County		
Date of death 1903	Month May	Day 5	Age 7	Years 1	Months 1	Days —
Sex female	Color or Race Black	Occupation		Birth- place Md		
Married, Single or Widowed —	—		—			—
Name of Wife or Husband —	—		—			—
Father's Name John W Allen	—		—			Father's Birthplace Md
Mother's Maiden Name Mary E. Denby	—		—			Mother's Birthplace Md
Name of person giving Information J. W. Allen	—		—			How related to deceased Father

CAUSES OF DEATH

Primary Measles.	6	How long a few days.
Immediate —	6	How long —
Are the name, age, sex, color, date and place correctly given above? yes.	Signature of Physician John S. Maxwell, Address Still Pond, Md.	
Accident or Suicide? —		

PHYSICIAN  
OR CORONER

Union

Name in Full

Certificate of Death

Martha Elizabeth Beck

Town	Piney Neck	County	St. Marys Co.	MARYLAND
Died at		Month	Day	Y. M. D.
Date 1903	May	Age	57	Native of
Male	White	Married	Widow	Occupation
Female	Colored	Single	Widower	Divorced
				Number of children living

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

James Beck

James Kelley

Mother's

Maiden Name

Primary Heart Disease

How long sick

Immediate

Exhaustion

One day

Accident, Suicide, Homicide

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

<i>John Campbell</i>						CERTIFICATE OF DEATH		
Died at _____			County _____			MARYLAND		
Date of death 1903	Month May	Day 11th	Age 69	Years	Months	Days	13	
Sex Male	Color or Race White		Birth-place Ireland					
Married, Single or Widowed	Occupation Farmer							
Name of Wife or Husband	<i>Ellen Murray</i>							
Father's Name	<i>Campbell</i>		Father's Birthplace		Ireland			
Mother's Maiden Name	—		Mother's Birthplace		Ireland			
Name of person giving information	<i>Mrs Eileen Campbell</i>		How related to deceased		Wife			

CAUSES OF DEATH

Primary	<i>Diabetes</i>	50	How long	<i>10 years</i>	
Immediate	<i>Exhaustion</i>		How long	<i>1</i>	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>			
		Signature of Physician	<i>S. B. Gouraud M.D.</i>		
		Address	<i>Wellington Rd.</i>		
Accident or Suicide?					



Albert Thedorv Chambers

Town

County

MARYLAND

Died at

Georgetown

Kent

Month Day

Y. M. D.

Native of

Occupation

Date 1903

May 9

Age 6

- -

Maryland

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Cly Thomas Chambers

Mother's

iden Name

Della Viola Ward.

How long sick

3 days.

Cause of

Primary

Cholera Infantum

Death

Immediate

at Lambo

Accident, Suicide, Homicide

Reported by

Frank W. Smith M.D.

Address

Fairfax Kent Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Julia Ann Chambers

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town <i>Chestertown</i>	County <i>Kent</i>		MARYLAND	
Date of death 1903	Month <i>May</i>	Day <i>25</i>	Age <i>69</i>	Years	Months <i>3</i>	Days <i>1</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Occupation <i>Housewife</i>		Birth- place <i>Kent Co</i>		
Married, Single or Widowed <i>Widowed</i>						
Name of Wife or Husband <i>James Henry Chambers</i>						
Father's Name <i>Henry Deuby</i>					Father's Birthplace <i>Kent Co</i>	
Mother's Maiden Name <i>Milkie Freeman</i>					Mother's Birthplace <i>Kent Co</i>	
Name of person giving Information <i>Julia Johnson</i>					How related to deceased <i>Daughter</i>	

CAUSES OF DEATH

Primary <i>Chronic Intestinal Hepatitis</i>	How long <i>One year and</i>
Immediate <i>Cancer</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. G. Simpson</i>
	Address <i>Chestertown Kent Co</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mrs. Ida D. Farrell						CERTIFICATE OF DEATH	
Died at		Town	County		MARYLAND		
Date of death 1903	Month 5	Day 18	Years 39	Age	Months	Days	
Sex Female	Color or Race	27 Feb		Birth- place	2 a 20		
Married, Single or Widowed Married		Occupation		Housewife			
Name of Wife or Husband Mrs. Farrell							
Father's Name				Father's Birthplace			
Mother's Maiden Name Mrs. Everett				Mother's Birthplace			
Name of person giving Information				How related to deceased			

CAUSES OF DEATH

Primary

Consumption

How long

6 months

Immediate

15

27

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

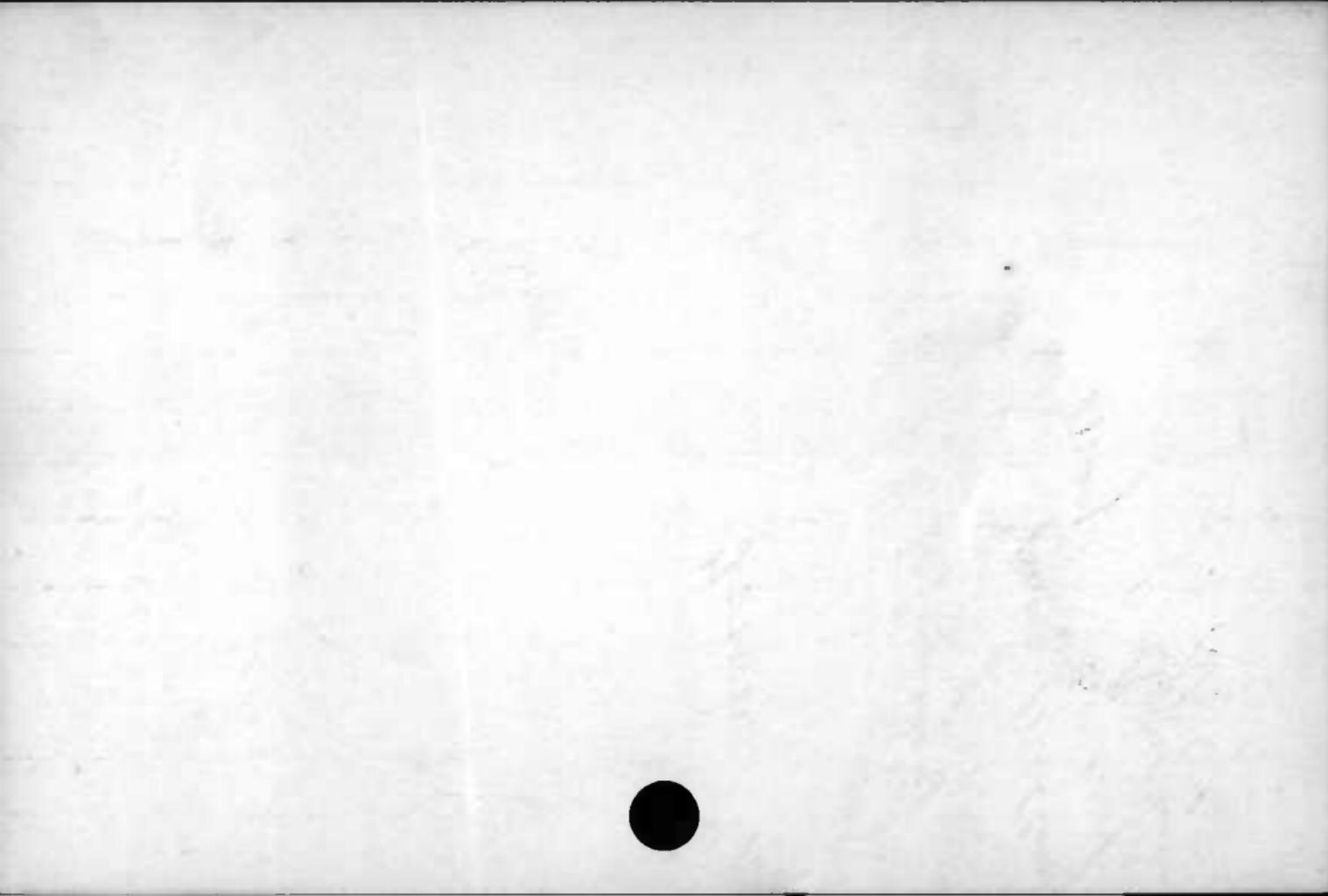
Signature of  
Physician

Address

In Consumption  
Michigan

Accident or Suicide?

No



Name  
in  
Full

May Dorsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Near Woroton			Kent			
Date of death	1903	Month	Day	Years	Months	Days
May		18	about 24 yrs			
Sex	Female	Color or Race	Colored		Birth-place	Kent Co Md
Married, Single or Widowed		Occupation		Housewife		
Name of Wife or Husband		Samuel Dorsey				
Father's Name	Charles Young		113	Father's Birthplace	Kent Co Md	
Mother's Maiden Name	Hennie Butler			Mother's Birthplace	Kent Co Md	
Name of person giving information	Richie Walker			How related to deceased	Not related	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Hepatic Colic	How long	2 days
Immediate	Convulsions	How long	1 day
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	John H. Hessey
		Address	Hanesville Kent Co Md
Accident or Suicide?			

100% 200%

Hester Henrietta Sudley

Died at	Town	County		Native of			Occupation
Ecclesville	Kent						MARYLAND
Date 1903	Month	Day	Y.	M.	D.		
May 23			48				
Male	White	Age	Married	Widow	Divorced	Number of children living	
Female	Colored		Single	Widower		2	

Husband of	Wife		Mother's		How long sick	
	Manuel Sudley		Sarah Black		9 days	
Father's Name	Samuel Black		Maiden Name			
Cause of Death	Primary	Not Known		174		
Death	Immediate	No Dr in attendance			Accident, Suicide, Homicide	

Reported by

T H Leasy

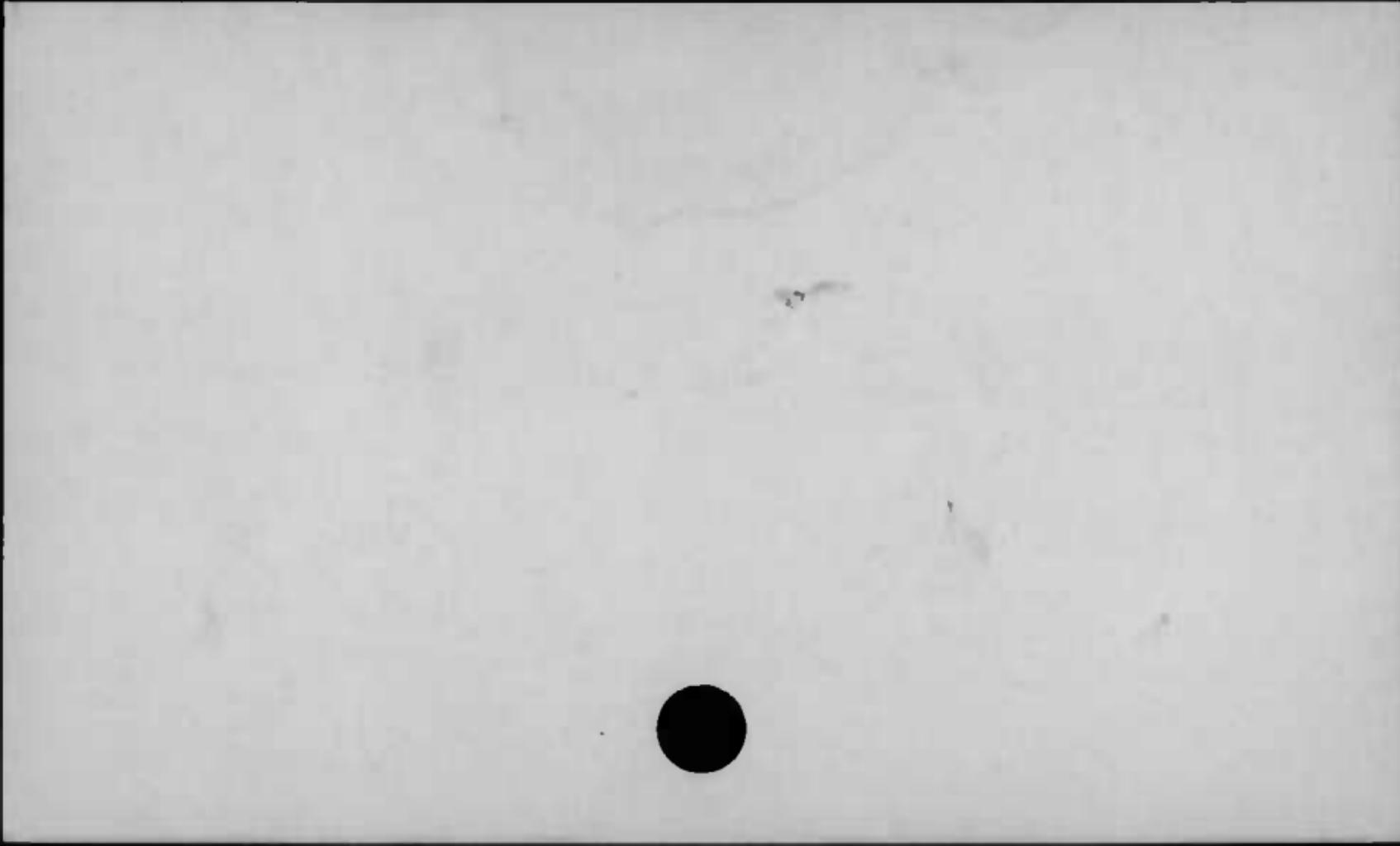
Undertaker

Address

Rock Hall

Kent C<sup>o</sup> Wds

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Marian Q. Gleaves

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Davis Hill		Town Kent Co		County MARYLAND	
Date of death 1903	Month May	Day 30	Age 6 yrs	Months —	Days —
Sex Female	Color or Race Colored	Birth-place Davis Hill			
Married/Single or Widowed —	Occupation —				
Name of Wife or Husband —					
Father's Name Samuel Gleaves	Father's Birthplace Kent Co Md				
Mother's Maiden Name Mary A Riley	Mother's Birthplace Kent Co Md				
Name of person giving information Samuel Gleaves	How related to deceased Father				

CAUSES OF DEATH

Primary Typhoid fever

How long two weeks

Immediate Pneumonia

How long one day

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

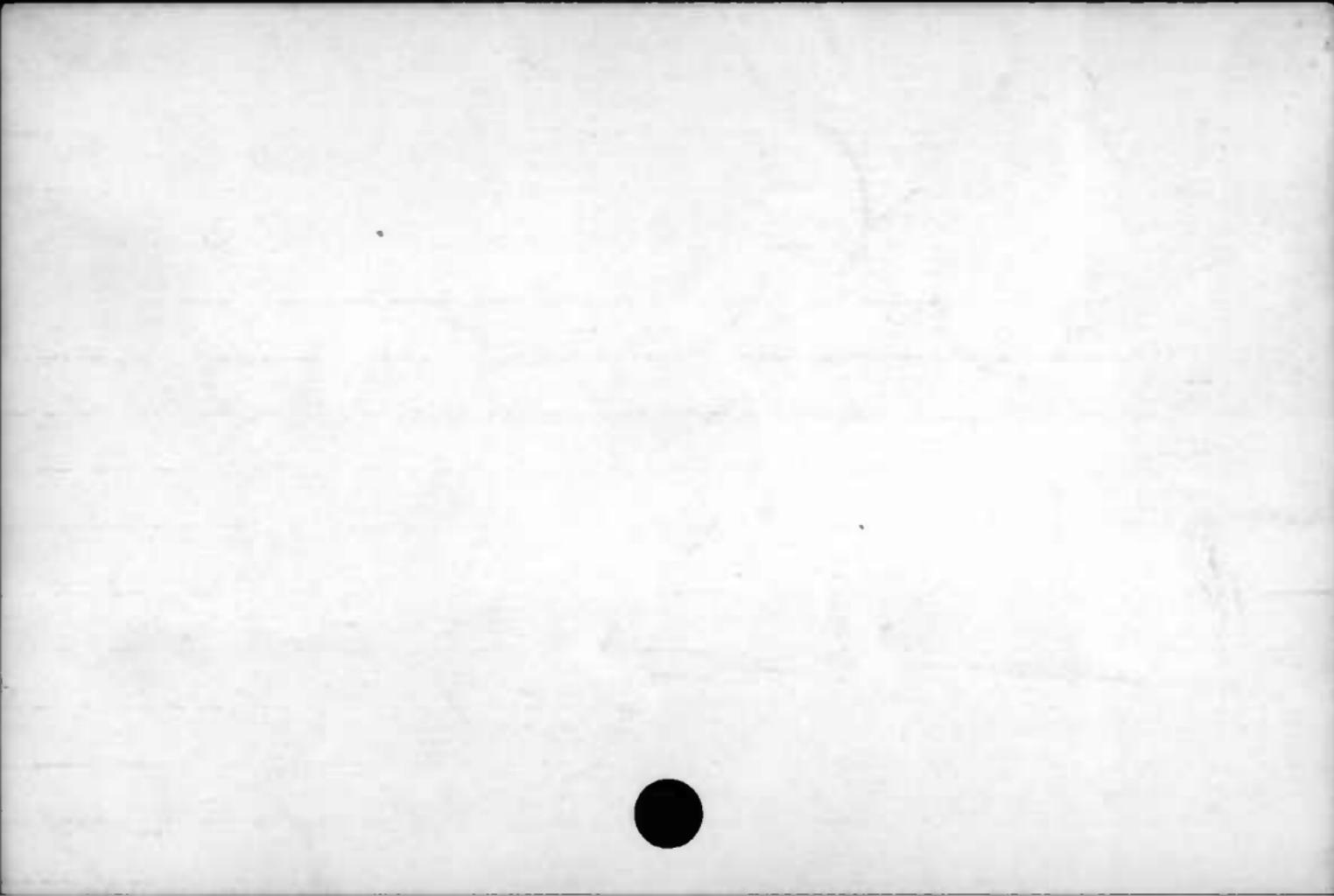
S J Barrick Md

Address

Tennedysville Md.

PHYSICIAN  
OR CORONER

Accident or Suicide?



Ethelyone May Harrison

Town Rock Hall Kent Co. MARYLAND

Died at

Date 1903

Month May

Day 5

Y. M. D.

Native of

Occupation

Male

White

Age 22

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Chas. Harrison

Mother's Maiden Name

Nettie Boyer

Cause of Death

Primary

Pneumonia

How long sick

2 days

Immediate

Obstruction

Accident, Suicide, Homicide

Reported by

W. O. Seeby M.D.

Address

Rock Hall Kent Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Wm Albert Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County	MARYLAND			
Died at	Maryland	Kent			
Date of death 1903	Month May	Day 2	Age 17	Years	Months 3
Sex Male	Color or Race Colored	Occupation Farm work	Birth- place Kent Co	7	Days
Married, Single or Widowed Single					
Name of Wife or Husband					
Father's Name Isaac J. Jones				Father's Birthplace Kent Co	
Mother's Maiden Name Louisa Truett				Mother's Birthplace Kent Co	
Name of person giving Information Wm W. Jones				How related to deceased Uncle	

CAUSES OF DEATH

Primary	Acute Miliary Tuberculosis	How long 4 months
Immediate	Asthma	How long 2 weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician H. G. Simpson
		Address Chesterfield Kent Co
Accident or Suicide?	No	

morgan treck

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Frederick Keenard.

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County		
Millingtree		Kent			
Date of death 190	Month 3 May	Day 14 <sup>th</sup>	Years Age 61	Months	Days
Sex Male	Color or Race Black			Birth- place Md	
Married, Single or Widowed Married	Occupation Farm laborer.				
Name of Wife or Husband Victorine Rasier					
Father's Name Stephen Keenard				Father's Birthplace	
Mother's Maiden Name Margret				Mother's Birthplace	
Name of person giving Information Wife				How related to deceased 79	

CAUSES OF DEATH

Primary Aortic Insufficiency	How long 7 years
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Address
Accident or Suicide?	C P Gourneau M.D. Millingtree Md.

Bread Golts

Name  
in  
Full

James Alford Lindsay

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death 1903	Month May	Day 3rd	Age 2	Years 11	Months	Days
Sex Male	Color or Race Black		Birth-place Chestertown			
Married, Single or Widowed	Occupation					
Name of Wife or Husband						
Father's Name	Herbert Lindsay			Father's Birthplace	Kent Co	
Mother's Maiden Name	Fanny Mitchell			Mother's Birthplace	Chestertown	
Name of person giving Information	Fanny Mitchell			How related to deceased	Mother	

PHYSICIAN  
OR CORONER

55 Park

CAUSES OF DEATH

Primary	Solar Pneumonia		How long	one week
Immediate	Apnoea Q3		How long	several hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. G. Summers	
		Address	Chestertown, Kent Co	
Accident or Suicide?	No			

59/5000

Name  
in  
Full

Wilson Miller

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth- place		
Married, Single or Widowed	Occupation		Occupation		
Name of Wife or Husband	Single			Family	
Father's Name	Single			Family	
Mother's Maiden Name	Single			Family	
Name of person giving Information	Single			Family	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Asthma

How long

Year

Immediate

"

184

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

W. Orange St.  
Milwaukee

Accident or Suicide?

no



one in Full  
Mrs. W. T. Morris

Died at Chester town Kent County

## MARYLAND

1903 Month Day Y. M. D. Native of Occupation  
Date May 8 Age 43 White Widower Divorced Native of Md. Housew Occupation None  
Female White Married Single Widower Number of children one

Husband of *Walter T. Morris*  
Wife *Edith*

Father's Name Josiah Lusby Mother's Name

Name Josiah Dusley Name Emily Dusley  
Cause of Primary Pancreatitis How long sick 11 weeks

Cause of Primary Pancreatitis 11 weeks  
Death Immediate Pyrexia & Asthma ~~Accident Events Homicide~~

Death Immediate *Pyagmia et Althaea* Accidental, Event, Homicide

Reported by A. Z. Dodge, M.D. 119

Address Chestertown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Portia Nichols

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1903	Month May	Day 3rd	Age 1	Years	Months 5	Days
Sex	Female	Color or Race	Colored		Birth-place	Melisata Md.	
Married, Single or Widowed	Single		Occupation	Infant <del>no occupation</del> <del>one</del>			
Name of Wife or Husband							
Father's Name	Alex B Nichols		SS		Father's Birthplace	Trust Co	
Mother's Maiden Name	Catharine Riley				Mother's Birthplace	Queen Anne La.	
Name of person giving Information	Alex B Nichols				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Scrofula	How long	from birth
Immediate	Necrosis of vertebra	How long	probably 6 mo.
Are the name, age, sex, color, date and place correctly given above?	Yrs	Signature of Physician	H. Bringe Simmons
		Address	Chestertown Md
Accident or Suicide?	No		



Name in Full

John Henry Pooles

Certificate of Death

Died at

Cliffs

County

Kent

MARYLAND

No. 3

Month

Day

Y.

M.

D.

Native of

Occupation

May 12

Age

72

—

—

Kent

Farmer

Date of death

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

1

Husband of

Father's

Name

Mother's

79

Cause of

Primary

Mutual Regurgitation, several years

How long sick

Death

Immediate

Syncopal

Accident, Suicide, Homicide

Reported by

J. G. Swifvers, M. D.

Address

Chesterstown Kent Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Charles Sanders

Town

Edenville

County

Kent

MARYLAND

Died at

Date of death

Month

Day

Y

M. D.

Native of

1903

May 21

Age

28

- -

Md

Occupation

Male

Widow

Divorced

Female

Widower

Number of children living

1

Husband of

William Sanders

Father's Name

George Sanders

Mother's Name

Rebecca Carroll

Cause of Death

Primary

Death

Immediate

Pulmonary Tuberculosis

How long sick

Exhaustion

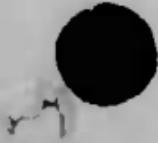
Accident, Suicide, Homicide

Reported by

Frank W. Smith

Address

Fannie Kent. Co Md



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 1903	Month May	16	Age 1	Years	Months	Days
Sex Male	Color or Race	White	Birth-place Fairlee			
Married, Single or Widowed	Occupation					
Name of Wife or Husband						
Father's Name	Kent Co					
Mother's Maiden Name	Kent Co.					
Name of person giving information	How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Aluminuria of masher	How long
	Immediate	Inanition	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Address	
Yes		W. Bringe Summons Cheslerstown Md.	
Accident or Suicide?		No	

500.000

Name  
in  
Full

Samuel Stevens

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
3	5	25	68		
Sex	Male	Color or Race	Occupation	Birth- place	
Married, Single or Widowed	Married		Farmer	Kent Island	
Name of Wife or Husband	S Stevens				
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia		How long
Immediate	11	AB	Never
Are the name, age, sex, color, date and place correctly given above?	Yes		How long
Accident or Suicide?			
Signature of Physician		Address	
		W. O. Stevens Millington	



Name  
in  
Full

Samuel Stewart

CERTIFICATE OF DEATH

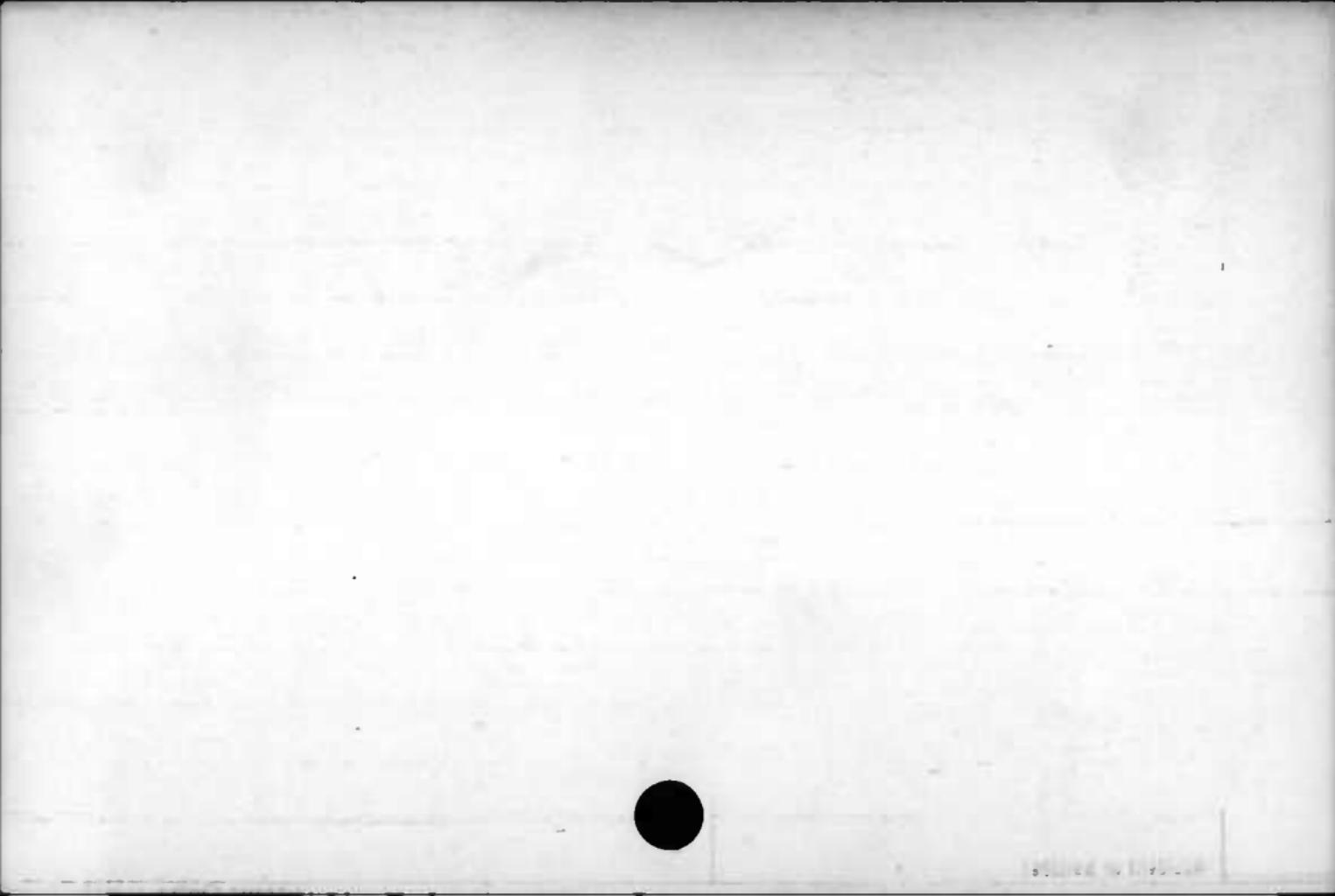
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Chestertown	Kent				
Date of death 1903	Month May	Day 21	Age	Years	Months 8
Sex Male	Color or Race	Black	Birth-place	Chestertown	
Married, Single or Widowed	Occupation				
Name of Wife or Husband					
Father's Name	Samuel Stewart			Father's Birthplace	Kent Co
Mother's Maiden Name	Sarah Thomas			Mother's Birthplace	Kent Co
Name of person giving information	Samuel Stewart			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Marasmus	105	How long	One month
Immediate	Exhaustion		How long	several days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. G. Dimpers	
		Address	Chestertown, Kent Co	
Accident or Suicide?	No			



Name  
in  
Full

Eloisa Ann Ward

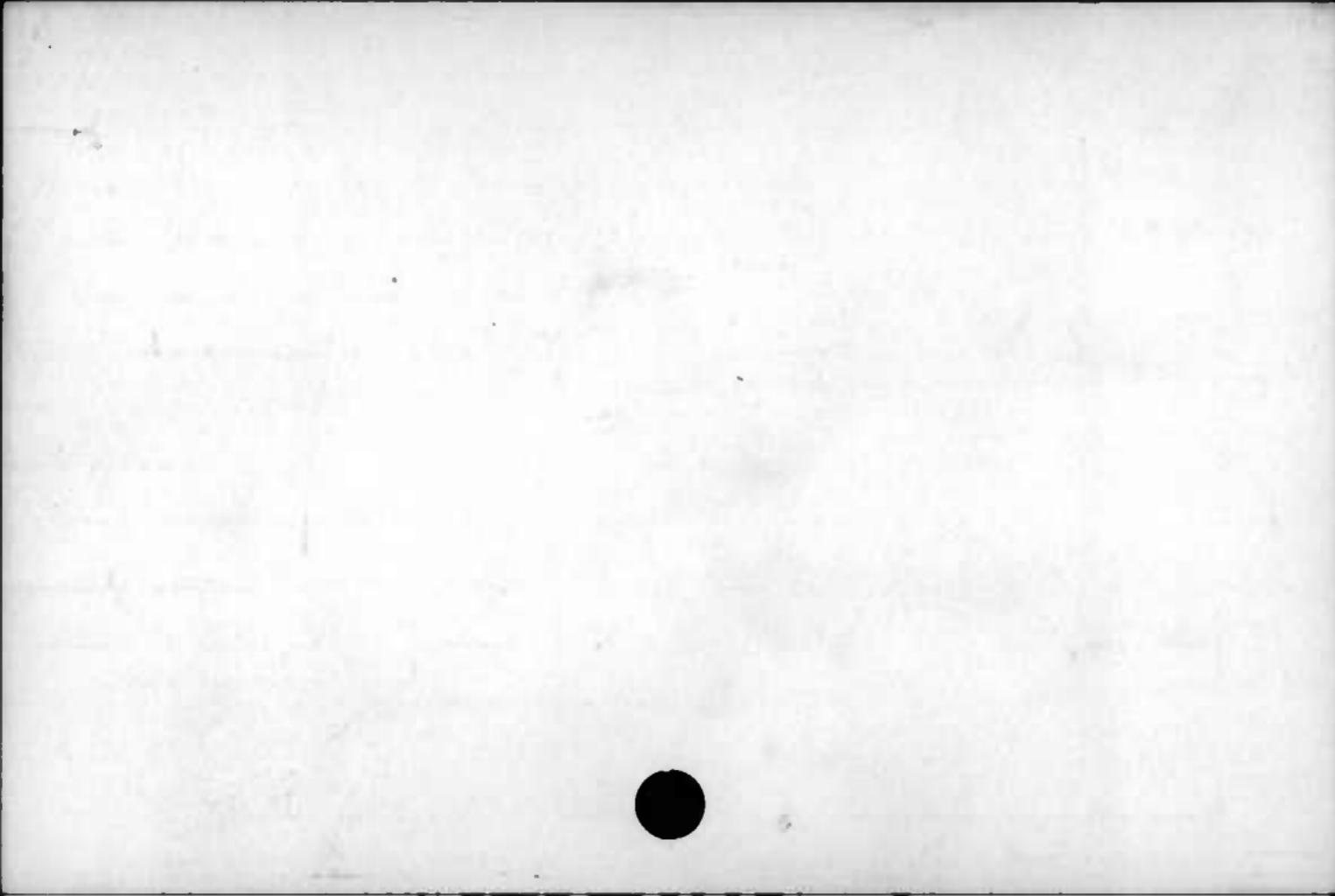
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town Chestertown	County Kent.	MARYLAND		
Date of death 190	Month 3 May	Day 1st.	Age 87	Years	Months
Sex Female	Color or Race colored	Occupation widowed	Birth- place Towson Anne Ar.	Days	
Married, Single or Widowed Widowed					
Name of Wife or Husband					
Father's Name Don't know			Father's Birthplace Don't know		
Mother's Maiden Name " "			Mother's Birthplace "		
Name of person giving Information Frank Chambers	age 60	relation Mr. Justice	How related to deceased No relation		

CAUSES OF DEATH

Primary Chronic Nephritis	120	How long 3 years.
Immediate General Paralysis		How long Very sudden.
Are the name, age, sex, color, date and place correctly given above? Yes.	Signature of Physician Dr. Bruey Simmons	
	Address Chestertown	
Accident or Suicide? No.		Md



Leon Wesley  
Town Rockface County Kent O.

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

May 13

Age 2

2

2

2

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Henry Wesley

Mother's Maiden Name

Carrie Brookens

Cause of Death

Primary

Pneumonia

93

How long sick

9 days

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

W. Wesley

Mr. Reddick

Address

Rockface



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Tillison A Wilmer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1903	Month	Day	Years	Months	Days		
Sex	male	Color or Race	Black	Birth-place	md		
Married, Single or Widowed	—	Occupation		—			
Name of Wife or Husband	—	—		—			
Father's Name	Edw Wilmer	Father's Birthplace		md			
Mother's Maiden Name	Annie Johnston	Mother's Birthplace		md			
Name of person giving information	Edw Wilmer	How related to deceased		Father			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia.	q3	How long	a few days.
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	W. S. Maxwell.	
		Address	Still Pond.	
Accident or Suicide?			Md.	

Honestam

Name in Full

Certificate of Death

alfred  
GoltoWright  
Kent

Died at

County

MARYLAND

Date 1913

Month May

Day 4

Y.

M.

D.

Native

Occupation

Male

Age 75

Married

Widow

Divorced

F

Colored

Single

Widower

Number of children living

4

Husband  
of

Wife

Father's

Mother's

Name

Name

Cause of

Primary

How long sick

one week

Death

Immediate

Accident, Suicide, Homicide

Reported by

Olage  
John Manders  
Golto Md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. \_\_\_\_\_  
of \_\_\_\_\_

Seen by Coroner \_\_\_\_\_  
of \_\_\_\_\_

Information contained in this certificate re-  
ceived from John Se Smith  
of Undertaker